

McLaren Print System Order

Order No: 47263 Reprint Previous Order No: 7182
Order Date: 2019-07-30
User: TINA PLAUTZ
Phone: 248-674-2259

Ship Location: MCLREN OAKLAND WATERFORD MEDICAL ASSOCIATES
5210 Highland Rd, Suite 201
WATERFORD, MI 48327

Forms

Quantity: 500
Paragon Dept No: 73000
Dept Name: Waterford Medical Associates
Company Number: 810

Order Total Price: 71.00

Item Number: MM-73
Item Description: Missed Appointment Letter
Revision Date: 5/2019
Print: 1 sided full color
Paper: 70# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:



Date: _____

Dear _____:

Our office had an appointment reserved for you today with _____ on _____ at _____ am/pm. Our records indicate you did not show for your appointment, or call to cancel with more than 24-hour notice.

Our office would like to give you an opportunity to reschedule this appointment. We also want to inform you of our office policy on late cancellations and no show appointments.

Recognizing that everyone's time is valuable, and that appointment time is limited, our office asks that you provide 24-hour notice if you are unable to keep your appointment with your provider. Barring any unusual circumstances, if you miss three appointments in a 12-month period without giving us advanced notice, we may consider asking you to seek your medical care elsewhere. If you are a new patient and you miss the initial visit twice without giving us advanced notice, we may consider asking you to seek your medical care elsewhere.

In the event of an emergency and during inclement weather, please contact our office within 30 minutes of the office opening and inform us that you need to cancel the appointment.

This is your _____ missed appointment.

Please call us at _____ to reschedule your appointment.

We look forward to seeing you and appreciate your anticipated cooperation. If you have any questions, please do not hesitate to call us during office hours.

Sincerely,